ARIZONA FORM
76

Arizona Estate Tax Return
For estates of resident and nonresident decedents with date of death on or after January 1, 1980.

Complete and mail to: Estate Tax Unit, Arizona Department of Revenue, 1600 West Monroe, Room 520, Phoenix, AZ, 85007-2650
For assistance, call (602) 716-7809 or toll-free from area codes 520 and 928, call (800) 352-4090, or
Visit our web site at www.azdor.gov

ESTATE OF (LAST NAME, FIRST NAME, MIDDLE INITIAL)	DATE OF DEATH M M D D Y Y Y Y	DECEDENT'S SOCIAL SECURITY NO.
STREET ADDRESS, APARTMENT NUMBER	PROBATE NUMBER - COUNTY	
CITY, STATE, ZIP CODE	ESTATE'S FEDERAL I.D. NUMBER	

Computation of Tax for Estate of Arizona Resident Decedent

1	Credit for state death taxes *from federal Form 706*	**1**	
2	Estate or inheritance tax actually paid to other states	**2**	
3	Gross value of property in other states..	**3**	
4	Value of gross estate *from federal Form 706*..	**4**	
5	*Divide line 3 by line 4*	**5**	
6	Prorated credit: *Multiply line 1 by line 5*	**6**	
7	Deduction allowable: *Enter the smaller of line 2 or line 6*	**7**	
8	Estate tax payable to Arizona: *Subtract line 7 from line 1*	**8**	
9	Prior tax payments: *Attach a schedule of date(s) and amount(s) of payment(s)*	**9**	
10	Balance of tax due or overpayment	**10**	
11	Penalty and interest	**11**	
12	**Total due:** *Make check payable to Arizona Department of Revenue*	**12**	
13	**Overpayment**	**13**	

Computation of Tax for Estate of Nonresident Decedent

14	Credit for state death taxes *from federal Form 706*	**14**	
15	Gross value of property in Arizona: *Attach a schedule of Arizona property or identify on attached federal Form 706*...............	**15**	
16	Value of gross estate *from federal Form 706*..	**16**	
17	*Divide line 15 by line 16*	**17**	
18	Estate tax payable to Arizona: *Multiply line 14 by line 17*	**18**	
19	Prior tax payments: *Attach a schedule of date(s) and amount(s) of payment(s)*	**19**	
20	Balance of tax due or overpayment	**20**	
21	Penalty and interest	**21**	
22	**Total due:** *Make check payable to Arizona Department of Revenue*	**22**	
23	**Overpayment**	**23**	

Authorization

If you want the Department of Revenue to discuss matters relating to this estate tax return with the preparer of this return, complete line 24 below. By completing line 24, you are authorizing the department to release confidential information of the estate under A.R.S. §42-2003 to the appointee named below for matters relating to this estate tax return. This authorization will allow the preparer to receive confidential information, to act as the estate's representative before the Arizona Department of Revenue, and to make written or oral presentations on behalf of the estate. The personal representative may revoke this authorization at any time. See the instructions for information about how to revoke this authorization.

24 Name of Appointee	State	Address (number, street, room or suite no., city, state, zip code)

25 Installment Payment Election: *Check the box* if you elect to pay the taxes in installments. To make this election, you must meet the requirements under A.R.S. §42-4004. You must attach documentation that your federal election has been approved. You must also attach a proposed installment payment schedule. **25** ☐

26 *Check the box* if this is an amended return .... **26** ☐

Attach a copy of Federal Estate Tax Return, Form 706.

I declare under penalty of perjury that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the personal representative, the declaration is based on all information of which preparer has any knowledge.

PERSONAL REPRESENTATIVE	PREPARER (if other than personal representative)
	If line 24 has been completed, check the applicable box. I declare that I am the: ☐ Attorney ☐ Certified Public Accountant ☐ Enrolled Agent for the Personal Representative
TYPE OR PRINT NAME SOCIAL SECURITY NO.	TYPE OR PRINT NAME PREPARER'S TIN
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NO. WITH AREA CODE	TELEPHONE NO. WITH AREA CODE
▶ _____ PERSONAL REPRESENTATIVE'S SIGNATURE DATE	▶ _____ PREPARER'S SIGNATURE DATE